

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	LIT	60105 60105	5-3-00 7-27-00

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final Original	Date
1	X	3/2/02
2		3/5/03
3		8/26/03
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12		
13	✓ ✓ ✓	
14	0 0 0	
15	✓ ✓ ✓	
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21	✓ ✓ ✓	
22	0 0 0	
23	N	
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41	N	
42	N	
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50	N N	

Claim	Final Original	Date
51		3/5/03
52	(53)	7-2-03
53		
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55	N	
56	N	
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62	N N	
63	✓ ✓	
64	✓	
65	✓ ✓	
66	N N	
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Claim	Final Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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